



# healthwatch

Healthwatch Windsor & Maidenhead  
Quarter 3 Monitoring Report  
October - December 2017



This report is about the work we have done from October 2017 to December 2017



This report is broken down into the key areas of service delivery and operations



This report identifies challenges faced



This report summarises work to date and progress on last quarter's action plan



This report provides details of the next steps

# Contract and monitoring



- A recent court ruling regarding provision of local Healthwatch and VAT has raised issues about what is under the scope of registration. This is a potential issue for any service provided under a contract (not just Healthwatch) by the community and voluntary sector.



We need to encourage professionals and elected members to read and circulate our monitoring reports as much of the work we do representing the public occurs in meetings planning future services; this can lead to incorrect perceptions that not much activity is occurring.

The charity Healthwatch WAM, set up by the previous provider, remains open (potential confusion for the public) and have a surplus amount of funds which the previous commissioner agreed should be passed to the current service - we would use the majority of this to raise awareness (including paid advertising) and community engagement.



- To ask RBWM to liaise with previous provider to establish closure and de-registration of Healthwatch WAM charity and transfer of all assets as agreed.
- To work with commissioners, HMRC and NCVO to seek clarity on the VAT situation.

# Project Support Board



- Previous contract delays lead to reluctance from The Ark Trust Ltd to commit to MOU's with organisations in first half of year
- Lack of awareness/reluctance to engage from some community groups
- Up to date information about local groups / organisations
- Representation from individual members of the public



The Ark Trust Ltd wishes to develop a project support board made up of representatives from community and voluntary sector groups and members of the public. Due to contract delays it did not actively seek representatives during the first 6 months.

In seeking to find representatives (and also to undertake community engagement) it has utilised the WAM Get Involved database. Unfortunately, some information on the database is out of date. In addition, perhaps because it was in the run up to the festive period, there has been a reluctance from groups to allow Healthwatch staff to visit groups. However, 9 visits for January and 2 for February are already in the diary.

Some groups also have reported they do not feel they have the capacity to become members of the board. Other people such as Community Wardens, Dementia Advisors etc. cannot be part of the board due to Healthwatch England guidance.

Ideally, joining representatives from local groups, would be up to 3 members of the public.



- To meet with as many different community groups and leaders to not only undertake community engagement but also to identify representatives for the project support board. To have formal MOU's in place by the start of the next contract year.
- Promote opportunity to public from January 2018

# Data transfer and management



- All data prior to the start of contract was the property of the previous provider; there was no formal agreement between them and RBWM about transfer of this. Only 40 contacts agreed for their details to be transferred over.



Due to the lack of data and contacts passed over, the service is almost starting from nothing; this does not seem to be recognised by some.

We have an established CRM system that provides remote, secure back-up of data and allows anonymised reports to be generated and, at the end of the contract, contact data to be transferred. This also helps collate intelligence for representation at meetings.

The General Data Protection Regulation replaces existing the existing Data Protection Act in May 2018. The member of staff responsible for data management has already attended training and information sessions.



- To undertake a data audit and, after discussion with commissioners and other stakeholders, revise our policies. We have information sharing protocols in place which may be impacted.

# Website



- No transfer of content
- Healthwatch England are the providers of the website and they are planning a new site



Healthwatch England provides a basic website to local Healthwatch. It is currently a Drupal based site. They are planning a new site and are currently in a phase of user engagement relating to the way the new site's navigation system will work. This user feedback/engagement has been requested from visitors to our site as well as contacts.

Basic permanent content has been published and the news section is regularly updated and provides links to the bi-monthly bulletins sent to contacts.

During the reporting period, 237 people visited the website creating 308 sessions. These users visited 1,069 pages. 73% of these were new visitors and 27% were returning. The most popular pages were the home page, news, about us, get involved, find services, speak out and reports. The most popular news stories were about our implementation report, men's matters and Frimley Health's new Chief Executive.



- Publish further website content
- Prepare for new website template/format

# Publicity and promotional materials



- Old posters/leaflets in circulation



New posters, leaflets and banners designed and printed. Different colours from the available Healthwatch palette used to show distinction from previous provider and Healthwatch Bracknell Forest.

Posters and leaflets have been handed out at events and placed in key community and health locations.

Due to the lack of awareness of the service locally in the general public and from our experience in delivering this service in another locality from the creation of local Healthwatch, there will be a slow, organic growth in awareness unless we can invest (financially) in advertising and promotion.



- Identify further community locations to distribute materials and replace old posters and leaflets as made aware of them.
- When the budget amount is agreed (after any balance transfer) to produce a 'paid for' advertising and promotion plan which compliments existing engagement plans and organic growth and reach.



# Community Engagement



- Resistance to change from some members of the local community
- Lack of accessible locations for mobile information bus (in part due to lack of clarity of ownership of sites)
- Lack of understanding, including within professionals and elected members, about the dual representation (due to co-commissioning arrangements)
- Community Engagement staff vacancy



The recruitment process for another Community Engagement worker was completed and, after references were taken up and DBS checks completed, the new member of staff started at the end of November.

As mentioned earlier in this report, we have been utilising WAM Get Involved's online database to try and contact groups - with mixed results. Some entries are out of date and some of the smaller groups have no email contact and limited telephone access.

9 community engagement events have been attended including talks at local groups and, in addition, we have attended two community and voluntary sector forum events hosted by WAM Get Involved - these were good networking opportunities.

69 people, 51 with emails, are registered to receive information from the service. An electronic bulletin is produced every 2 weeks.

Healthwatch WAM, along with SIGNAL, has been chosen by the regions Tesco stores to be one of their nominated good causes under their Bags for Help scheme. As well as raising funds it should raise local awareness.

Mobile Information Vehicle - We have successfully applied for and been granted our Restricted Heavy Goods Vehicle Operators licence and during this quarter have attended an all-day training seminar to enable us to meet all the requirements of the licence. We now have 2 volunteer drivers and 3 members of staff who can drive the vehicle. This will allow us to provide access to the service across the borough.

In trying to build up a regular monthly schedule for the bus we have encountered issues in finding out who owns/manages car parks. We have now identified a contact within the local authority who can answer these questions and have a meeting set up early in Quarter 4.

*Unfortunately, while charging overnight at our Ascot building someone attempted to break-in to the vehicle. The bus is currently being repaired but this has meant it has missed its first two engagements.*



- Identify events in the community to attend
- Continue to identify locations that can accommodate the Mobile Information Vehicle. Develop a regular schedule that can be published on the website and promoted.
- Explore possibility of providing a drop in service at Library.

# Social Media



- Lack of community awareness of the service
- Organic growth of followers, particularly on Facebook, is slow.



The service has both a Twitter and Facebook account.

We have tweeted 30 times and have retweeted other organisation's tweets and messages (CCG, health campaigns, UK Parliament, cold weather alerts etc.) 5000 people have seen these tweets.

Most popular (popular being viewed and interacted with) tweet in the reporting period was about the upcoming Carers Together event which had 654 impressions. This was followed by messages about Carers Rights Day, Extended Hours doing blood tests and dressing changes, frailty survey at Frimley Park and extra flu clinics for children.

We currently have 211 followers. 25% of our followers are male, 75% are female; this is a slight increase in female followers. The majority of our followers continue to be from the local area.

We posted and shared 66 messages on Facebook. 705 times people saw these messages. The most popular messages were about a Shelter report on homelessness, vending machines taking card payments at Frimley Park and CCG messages.



- To continue the social media engagement campaign and encourage active dialogue with members of the public on health and social care matters using this channel.

# Volunteers



- Limited recruitment opportunities

6 volunteers are currently going through the recruitment, checking and vetting process.

As community engagement activities increase, then opportunities to recruit suitable volunteers will be maximised.

The service can also draw on the wider volunteer pool of the host organisation.



- Continue to promote volunteer opportunities and to recruit, train and utilise volunteers in appropriate aspects of the service.

# Enter and View



- Lack of available volunteers
- Capacity as focus is on representation and engagement work



We have been involved in the planning of a pan-Berkshire Enter & View programme of Prospect Park which took place, over a week (including evenings and the weekend), in October.

Our main contribution included: design of pre-visit publicity materials, planning, leading some of the visit teams, debrief and raising immediate concerns.

The full report will be available in Quarter 4 but the main findings were:

- 81% of people said they felt hospital staff treated them with dignity and respect
- 80% of people said they had not been given a date for their discharge from hospital
- 75% of people said they took part in activities at the hospital
- 69% of people said they had been told about their right to have an independent mental health advocate
- 67% of people said they had been in contact with a community service before coming into hospital
- 62% of people said they had not had their care and treatment plan explained to them in hospital
- Staff attitude, care or friendliness was the most common response from patients asked to identify one good thing about the hospital, followed by getting treatment they needed, feeling safe,

support from other patients, the environment, the hospital's location and the care on Rose Ward

- More staff was the improvement most suggested by patients followed by different treatment, more escorted trips, environment changes, nearby smoking area, better food, more information and peer support



- Recruit volunteers and provide Enter & View training
- Plan GP Enter & View Schedule

# Representing patients & public



- Limited IAG case work to date
- No previous data on trends and issues in health and social care



Although there have been only 10 cases where information, advice and guidance has been provided by Healthwatch WAM to support individuals using services, feedback from SIGNAL, feedback from attendance at community groups, partnership boards, involvement with patient groups, social media chatter and knowledge of regional issues has informed Healthwatch WAM representation of patients and the public at meetings attended.

We are beginning to see trends forming: concerns about discharge from hospital and concerns about communication (lack of) between services.

Members of staff attend meetings to represent patients and the public. These meetings are about providing feedback on current services and communication, providing public and patient involvement in the designing and planning of new services and, where appropriate, providing constructive challenge to providers and commissioners. 27 such meetings have been attended in this quarter. These include Primary Care Operational Group (CCG), Patient Involvement Groups (Frimley Health, Berkshire Healthcare), Mental Health Partnership Board (RBWM), Safeguarding Board and working groups, East Berkshire CCG meetings (particularly around accessible information and communication), Community Nursing Review (Berkshire Healthcare Foundation), CQC and Community Partnership Forum.

Due to the co-commissioning arrangement this amount of meetings is possible as the resource burden is shared, (Often representing both local Healthwatch services or Healthwatch and SIGNAL) This has been a concept that others have not always been able to grasp. It is essential that clerks and minute takers, as requested, correctly record what service(s) staff are representing at meetings as being incorrectly minuted as representing Healthwatch Bracknell Forest at the Health and Wellbeing Board, for example, is not helping public perception of the service.

Representing 2 East Berkshire Healthwatch services means we are often asked to represent or lead on East Berkshire strands of work. In some meetings, such as Quality and Constitutional Standards, we are a quorate member. We share information with Slough and, where relevant, other local Healthwatch services to allow this. This arrangement is reciprocated, for example Healthwatch Slough are leading on a piece of work with South Central Ambulance Service.

As well as the Prospect Park planning meetings held with other Berkshire Healthwatch services in the quarter, we have also attended 2 Thames Valley Healthwatch events which gives the local Healthwatch network a chance to share best practice and local intelligence and also meet with Healthwatch England staff.

We are also still involved with the communication work stream around people with learning disabilities with Berkshire Healthcare Foundation following their CQC inspection.

We were asked to join Frimley Health Foundation Trust Frailty network and have spent a day trialling their in-house patient questionnaire on hospital wards and then provided feedback leading to changes in the design. We have been asked to attend a future National Frailty Network meeting to present on patient experience.





- To continue to work with the CCG about communication, engagement and involvement of the public about all the upcoming changes
- To hold 2 public meetings, open to all in the borough, with key personnel from the Accountable Care System, Sustainability and Transformation Programme and Clinical Commissioning Group to inform the community of the changes in health and social care and give the public opportunities to ask questions
- To collect more feedback and undertake case work to better inform representation
- Ensure that meeting minutes record what services are being represented correctly (e.g. both Healthwatch services)

# Contact us



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